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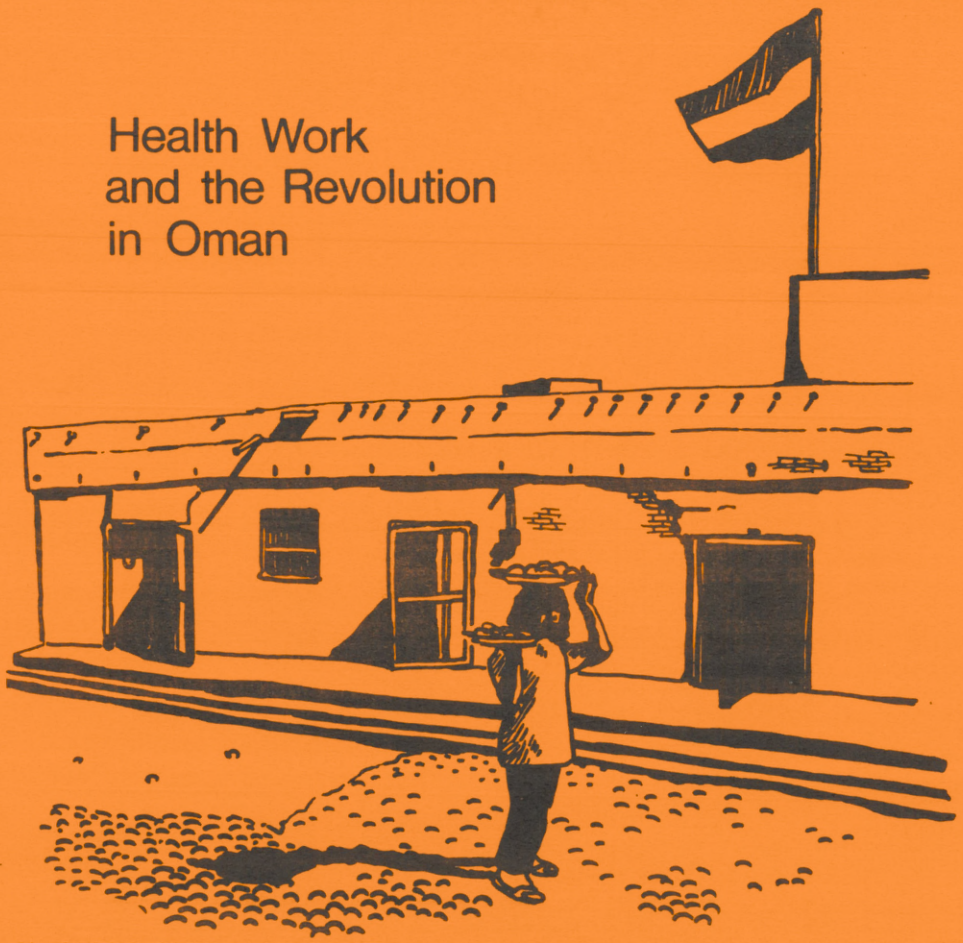
Health Work and the Revolution in Oman



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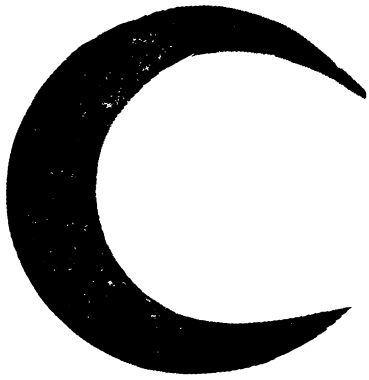


الهـــلال الاحمر العماني

IMPERIALISM AND THE REVOLUTION IN OMAN

The Sultanate of Oman is situatied in the south eastern corner of the Arabian Peninsula. The population is estimated to be about 1,5 mill. and they make a living by farming, fishing and trading.

In the middle of the 19th century the British intruded the Gulf. The confrontation of Oman with the British colonialism became the turning point of the country's further development. At that time Oman was a prosperous commercial center and its merchant fleet was the largest in the Indian Ocean. However, the British merchant ships ousted the fleet of Oman, and the economy dissolved. The economic breakdown resulted in a revolt and the ruling Sultan was dethroned. In 1871, however, he was restored by British force of arms, and since then Oman has been controlled by the British who have kept a number of puppets from the Al Busaid family in power. Right up to 1970 the Sultans kept the country in backwardness. The natural resources of the country were not exploited, production and trade remained at a minimum, and the people could hardly earn their own living and suffered from illiteracy and diseases. There were no roads, almost no schools and hospitals and e.g. radios, spectacles, papers and the use of modern medicine were formidden by the Sultan.

Because of these extremely poor living conditions thousands of Omanis emigrated during the fifties and the sixties to the rich oil-states along the Gylf to look for work in the growing oil-industry or to work as policemen, soldiers, etc. Rather many of these emigrants came from Dhofar, the southern province of Oman, which was an especially backward and impoverished area. During their stay, many were inspired by the radical Arab nationalist movements and when they later returned, they were firmly determined to change the underdeveloped conditions in their country. Thus, it was returned migrant workers who launched the armed liberation struggle in Dhofar on the 9th of June 1965.

The Liberation Front was soon supported by discontented tribesmen and the fightings were intensified in the central region of Dhofar. The final aim of the struggle was to sever Dhofar from the reign of the Sultan. But already at its 2nd congress in 1968 the Front widened its perspective

and adopted the goal of liberating the whole of Oman, realizing that the Sultan was nothing but a puppet for the real enemy, the British and international imperialism. The Front also reached the conclusion that the struggle had to be based upon the mobilization of the civil population in the rapidly growing liberated areas. Therefore the Front formed popular counsils and people's militias in the local communities and also schools and health units were established. This policy resulted in stronger popular support for the liberation struggle. In 1970 all of Dhofar was liberated except the coastal plain at Salala, the provincial capital, and the fighting spread to the northern Oman.

Gradually the British realized that if Oman was kept in its backward state, the revolution would spread and threaten the regime of the Sultan. In 1970 the British therefore dethroned Sultan Said Bin Taimur in favour of his son Qaboos. Qaboos introduced the neocolonial development in Oman: The country was opened for foreign investments, and private companies were invited to make profits by exploiting the natural ressources and the Omani labour force, and in order to gain the support of the people Qaboos promised to make reforms and to introduce education and health-care. Minor reforms were put through, but at the same time the political oppression of the population increased. A secret police was formed with assistance from the SAVAK - the notorious terror police of the Shah of Iran - and thousands were imprisoned because of their political conviction. In addition, the British airforce carried out continuous terror bombardments of the liberated areas. However, neither the reforms, nor the oppression could stop the revolution. Qaboos therefore had to ask the Shah for assistance. (Until the fall of the Shah, Iran played the role as local policeman of US imperialism in the Gulf area). In 1973 thousands of Iranian troops launched a large-scale offensive against the liberated areas in Dhofar assisted by the Iranian and British airforces, which intensified the terror bombardments of the civil population.

Facing this increased military pressure on the liberated areas and the presence of the Iranian occupation forces in the country, the Front held a congress in 1974. The Front decided to unite all nationalist groups in the struggle against Qaboos and his foreign allies, and also to continue the defence of the liberated areas. At this occasion the

the defence of the liberated areas. At this occasion the Front took the name of "Popular Front for the Liberation of Oman" (PFLO).

At last, in the end of 1975 after prolonged, heroic resistance causing heavy losses to the Iranians and the British, the PFLO, was forced by overwhelming military superiority to evacuate the liberated areas in order to avoid physical destruction. Continuing the struggle would have been to fight on the conditions of the enemy. It didn't seriously weaken the Shah's military power to loose a 1000 men because they could be replaced easily, but to the Front every single fighter killed meant a great loss.

Today the main forces of the People's Liberation Army and 3-5000 refugees are in the border area of PDRY. Smaller units of the PLA are still operating on their own in the central and eastern part of Dhofar, performing smaller military operations. After the military setback PFLO started a comprehensive reorganization and rebuilding programme which is carried on today. New cadres have been trained and the political and military education within the Front have been strengthened. An important part of the reconstruction work is carried out among the refugees in the border area. PFLO has carried on the School of Revolution, and PFLO's health organization, the Omani Red Crescent, runs the Fatma Ghanana Hospital and the Habkook Clinic and try to improve the health condition of the refugees. The Omani Women's Organization and the Omani Youth Organization serve the needs which are special to the women and the youth.

The overthrow of the Shah in 1979 has been a hard blow to the imperialistic control of the Gulf area. The US is now trying to replace Iran by Egypt as policeman in the Gulf. For Oman the consequence has been that at least 1500 Egyptian soldiers have been stationed in the country after the withdrawal of the Iranian troops. But the US itself is also going to play a more direct military role in the future, and with this purpose its naval power in the Gulf and the Indian Ocean has been heavily reinforced. In the Gulf the number of US naval bases and base facilities will be increased and expanded in Bahrein, the United Arab Emirates and Oman. Furthermore, the US has built up "Rapid Deployment Force" counting app. 100.000 men which can be brought in action anywhere in the Gulf region.

action anywhere in the Gulf region.

Especially Oman has become the centre of the imperialistic military build-up because Sultan Qaboos, who can only remain in power through assistance from abroad, is the most pronounced pro-imperialistic ruler in the area. The US will finance the expansion of a number of military facilities in Oman for the use of US forces. These military facilities, which will be manned with permanent American personnel, are the air-bases by Thamrit (in Dhofar), Sib and on Masira Island and the naval bases by Matrah (near Muscat) and Raysut (in Dhofar).

With the present Egyptian military presence and the increased threat of US intervention the situation is unfavourable for an escalation of the armed struggle of the PFLO. But the struggle in Oman represents only a small part of the total development taking place. The Iranian revolution has resulted in increased political activity in the whole Gulf area and organized struggle against the regimes is under development. If the situation changes in one part of the Gulf, it will affect the situation in the rest of the area and it is a fact that the PFLO today is strengthened both militarily, politically and organization wise. Therefore the Front is in a more favourable situation from which to take advantage of future defects in the imperialistic system of control.

HEALTH WORK AND THE REVOLUTION

The Beginning of the Health Work and its Development

Dhofar has about 150.000 inhabitants living either in the mountains breeding livestock, or in the narrow coastal zone mainly as peasants and fishermen. During the reign of the Sultan Said Bin Tairmur this province was the most backward and oppressed in Oman. Therefore, when the liberation movement began to bring progress to the liberated areas, they had to start from nothing.

Parallel with the work for a new social organisation, fighting tribalism, promoting cooperative production, developing the education system etc., PFLO gave the health work a high priority. The introduction of modern scientific medicine and the struggle against backwardness and superstition was regarded as a necessary step towards the creation of decent living-conditions for the population.

Due to the isolation of the region, and the stagnating subsistence-economy there was a widespread malnutrition of the population in the area; in addition to the traditional superstition the Sultan had outlawed any modern medicine. As a consequence the population was hit by most of the diseases common in third world-countries:

Tuberculosis. This illness claimed hundred of lives. Countless others, particularly children were suffering from chronic coughing and fever.

Vitamin Deficiencies. Deficience of Vitamin B were common among adults, while many children suffered from protein and colorie deficiency caused by maltutrition.

Malaria.

Intestinal Parasites. Adults and children suffered from a variety of intestinal parasites (tapeworm, roundworm, hookworm, etc.) which further worsened the nutritional deficiencies and caused anaemia.

Communicable diseases. Due to destruction of the environment caused by british bombing raids, poor sanitary conditions, and the lack of public health measures, diseases like typhoid, diphteria, trachoma, skin infections, chickenpox, and whooping cough as well as respiratory and gastric infections were common and caused many deaths.

Acute and Chronic Reumatic Fever.

Leprosy. There was a high incidence of this malicious disease.

Gastric Catarrh and Ulcer.

Scorpion and Snake Bites.

The terror of the Sultans regime added other hardships, many were wounded in the air-raids and in military confrontations, and the state of malnutrition grew worse as the regime tried to undermine the economic existence of the people. They bombed the cattle, poisoned the wells, and they established an economic blocade against the people in the liberated areas, who were dependent on the trade with the towns, where they used to buy food and fodder for the livestock during the dry season.

As the liberation movement got control over still more areas in Dhofar it began to counter these serious problems. But as they had to begin from nothing at all, it was a hard and protracted process. As mentioned, the country was held totally isolated in a most backward state by Sultan Said Bin Taimur; therefore PFLO at the very beginning had no doctors or health-workers, no medicine or medical experience at all.

In 1970 the first three health assistants were sent by the PFLO to work in Dhofar having had a year of basic medical training in PDRY. The number increased rapidly in the following years, and by 1972 there were a total of app. 20 health assistants in the liberated areas: 7 in the western area, 2 in Al Mummar (between west and central Dhofar which is of great importance as the supply-route passes through here), 4 in central Dhofar, and 4-5 in the eastern region. By 1974 the number had increased to 40. The assistants were trained in basic helth care and first-aid techniques and in introducing preventive measures e.g. hygiene to the population.

The population was living isolated and scattered all over Dhofar, therefore the first few health assistants could not reach everybody needing medical assistance. Since they belonged to the military units they treated the people where they came; sometimes, though, they had to search for the

people needing help, as the tribesmen did not know of modern medical treatment.

Later, when an atmosphere of stability prevailed in the area under the control of the revolution and the number of health assitants increased, health units were established in many areas; they became known to the citizens who came themselves for treatment. In these health units permanent health assistants worked, but their work followed in essence the military units as it by nature was directly subject to the conditions of the military activity. Depots of medicine were established and each assistant carried with him always a large quantity of medicine. But still there was shortage of medicine, and people would die because of lack of medicine and qualified treatment. Sometimes people had to be carried for several weeks to get to a doctor.

In 1972 a clinic was established at Hauf just inside the PDRY frontier. The clinic was named after the martyr Habkook, and served both as the center of coordination of the health-work, of distribution of medicine, and as a hospital for overnight patients. Here the only educated doctor, the Syrian dct. Marwan was outstationed. As a consequence of the rapid expansion of the health work in these years the need for planning and coordination grew, and in 1974 the Omani Red Crescent Society (ORC) was formed to organize the activities in the health sector.

Later in 1974 the Omani Red Crescent managed to establish a hospital. This was a great leap forward because it satisfied the need for a center to educate the health assistants, and the need for more qualified treatment caused by the growing number of patients as a result of the invasion of the Iranian army in Dhofar. The hospital was established in AlGheida in PDRY 150 km from the border to Oman, because of the risk for bombing raids against the border area around Hauf. Because of the high priority given by the PFLO to the health work, major advances were made in this sector during the first years. Basic medical care was extended to a great number of people in the liberated areas, and modern medicine and education in preventive measures were widespread.

THE FATMA GHANANA HOSPITAL

THE OMANI RED CRESCENT

Today there are 3-5.000 Omani refugees in the border area of Democratic Yemen. Some live in AlGheida the main city of the 6th Governorate (150 km from the border with Oman), and the rest live close to the border near the town of Hauf. Since the military setback in 1975/76 a great part of the work of the Omani Red Crescent has been carried out in this area. The activities are located mainly in two places: The Martyr Habkook clinic in Hauf and the Fatma Ghanana hospital in AlGheida.

The leadership of ORC, a committee of 5 members, has its headquarters in AlGheida. Furthermore there are various committees responsible for the daily work in the hospital and the clinics. In addition the ORC has an office in Aden, responsible for the external relations, e.g. contact to solidarity groups and governments. The Aden office also receives all solidarity shipments, stores them, and arranges transport to AlGheida.

The Fatma Ghanana Hospital

AlGheida, the main city of the 6th governorate is a large village of 10.000 inhabitants of whom 1-2.000 are Omanis. The houses are built at random and there are no regular streets between them. In general the whole 6th governorate is a barren, dry desert area, with almost no agriculture and very limited potential for raising livestock. But along the cost you find some of the best fishing in the world, and many people depend on this for subsistence.

The Fatma Ghanana Hospital is named after one of the famous female martyrs in the liberation struggle. It is located in some old British military buildings from the colonial era, which have been offered to ORC by the Peoples Democratic Republic of Yemen as a gift to the Omani people. The hospital was established in the period from 1974-76, and on the whole it is a well-functioning hospital adjusted to the manifold and varied needs of the population. Most of the equipment in the hospital: Generator, X-Ray, beds, refrigerators, equipmen for surgery, land-rover ambulances etc. have been supplied by European solidarity groups, especially the Scandinavian groups.

The hospital has 48 beds placed in seven rooms. There are

X-RAY PHOTOGRAPHING ON THE FATMA GHANANA HOSPITAL

two isolation wards (one male, one female) for epidemic patients, one male and one female ward for surgical and medical patients. One room for children, one obstetrical ward, and finally an intensiv care ward with staff constantly ready to care for awakening patients. In addition there are rooms for surgical operations, for X-Ray, for births, as well as dispensary, laundry, kitchen, administration, stores, and a class-room for education of health-workers.

The Omani team is comprised of one general doctor and ten nurses some of whom have many years of experience in the medical field, in addition to two middle technicians, one in the X-ray section and the other in the laboratory. Furthermore there is a team of seven Cuban specialist doctors - according to an agreement between the PFLO and Cuba. These are specialists in gynecology, bones, ear-nose-throat, surgery and eyes among other things; besides the work in the hospital each of them are training one or two Omanis in their speciality. The staff is working both in the hospital, in the polyclinic (see below), and in the school.

The hospital receives patients from the Omani population in the AlGheida area, and patients with diseases too complicated to be treated on the clinic in Hauf. Furthermore a lot of Yemenis are treated since the Yemeni hospital in AlGheida has no specialist doctors at its disposal. In some periods it is necessary to discharge patients early in order to restrict the number of patients received because of limited capacity. In the hospital all sorts of surgical operations with the exception of heart-operations can be performed. So the hospital has a very high standard in spite of the difficult conditions.

Every day the specialists take care of their special patients, while the general doctor takes care of all the patients. A Sweedish doctor who worked at the hospital for 6 months in 1977 wrote in her report: *"The hospital is clean and well-kept. The reason for this is the patriotism and the revolutionary spirit of the Omani volunteers who are working there"*.

Close to the hospital there is a polyclinic, which in fact functions as the outpatient department of the hospital. The clinic has a laboratory (which can make the most ba-

sic analyses), a dispensary, two wards for medical examination and one for injections. Furthermore there is a dental clinic. Every day there are two doctors from the hospital at the clinic; there are alternating services during the week as follows:

Children's Days. Two days a week app. 40 children come for continuing treatment, or as new patients.

Day for Mother Care. More and more of the pregnant women has realized the importance of mother care. Since it has become possible to treat anaemia on a very early stage there has been a fall in the anaemia-cases among pregnant women; this has meant less complications for the expecting mothers and their babies. App. 20 patients come once a week.

Day for grown ups in general. About 40 patients come once a week to the clinic for all sorts of treatments. The patients who need sucessive treatments visit the clinic according to whom of the specialists are on duty.

Day for the People's Army. Military personnel can come to the clinic one day during the week. Also a doctor visits the military camp once a week.

Nearly all Omanis in AlGheida are registered in the health-register of ORC, which contains all important information conscerning the patients' state of health, number of injections etc.. As in Dhofar the most common diseases are tuberculosis, malaria, diarrhoea, and anaemia (because of the one sided nutrition, ususally rice and tomato-sauce). But anaemia is not as common as it used to be be, and cholera has been nearly eradicated due to preventive measures.

The school of Revolution is located 5-8 km from AlGheida. Three times a week the pupils receive medical attention. In addition to the common diseases a lot of fractures are treated: The boys are enthusiastic foot-ball players.

A very important element of the health work is education. The hospital holds courses for the Omani health-workers, and the ORC arranges also many courses for the population on the importance of hygiene, mother and child care, etc. The people are very interested and great progress has been

made, but still some try the old methods of magic, recitals, and burning the hurting part before they seek the doctors.

The Habkook Clinic

2-3.000 Omani refugees live in the border area in Democratic Yemen at Hauf. Most of them live in caves in the hilly area, where the living conditions are similar to those of western Dhofar. The people who have arrived from the coastal towns in Dhofar now live in the town of Hauf.

The clinic which was established in Hauf in 1972 was seriously damaged by bombardments in 1972 and 75. In recent years it has been possible to expand the services given to the population in the area, and by now the ORC has developed the clinic into a small hospital including:

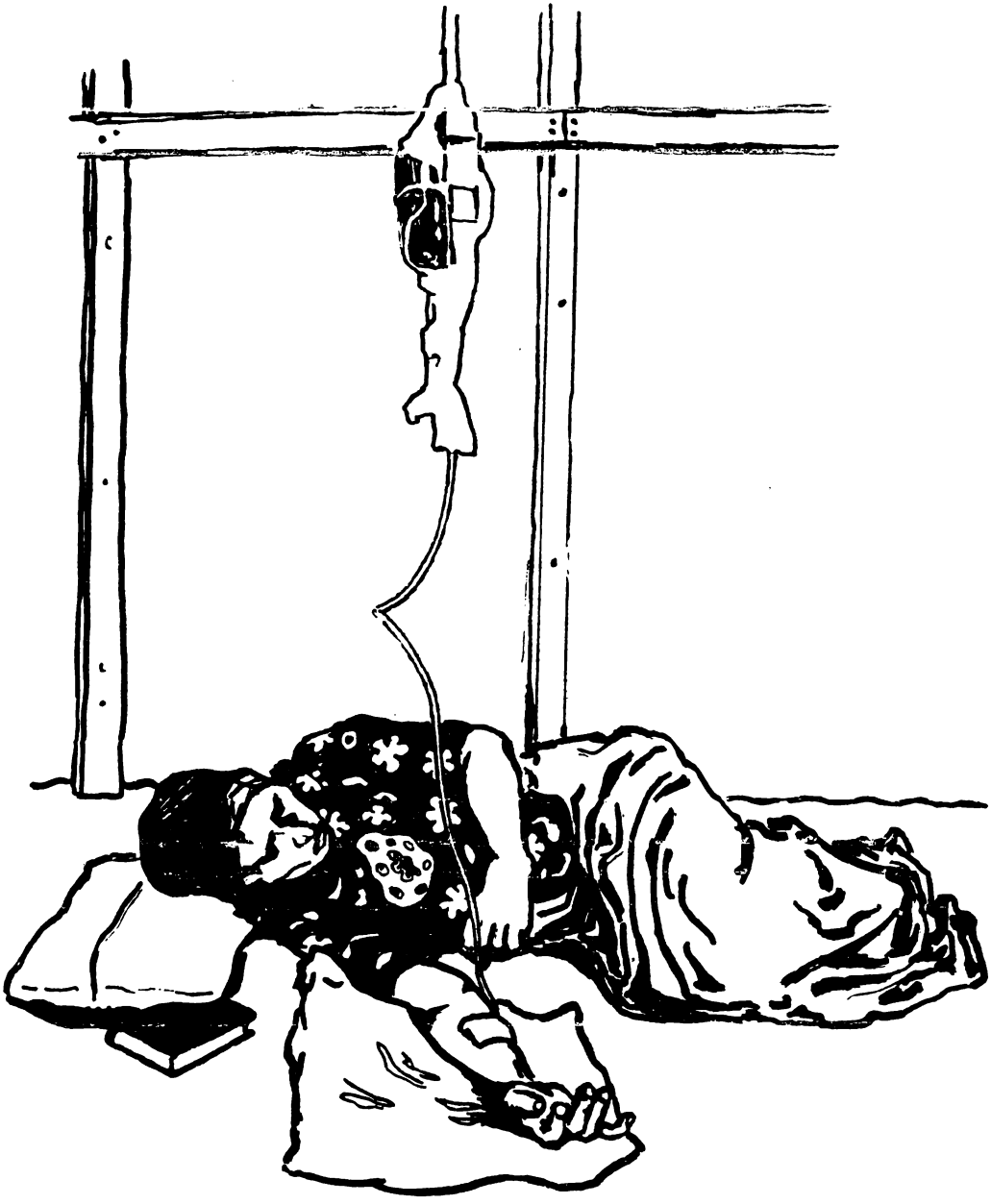
- an outpatient clinic with a room for medical examination, a room for injections and bandaging, a dispensary and a laboratory.
- a section with 11 beds for lying patients.
- a service section with kitchen, eating room etc..

In the beginning of 1980 new buildings of stone were built. The work was done by Omani refugees under the instruction of an old Omani builder. The Omani Women's Organization has sewed blankets, sheets etc..

The team working at the clinic is composed of one doctor, three male nurses and a laboratory worker.

Every morning (except Friday) there is regular consultation, and each day 50-70 patients come to see the doctor. Many of the patients have to walk long distances through the mountains to get to the clinic. In addition, an even greater number of patients come for continuing treatment such as injections or shift of bandages; these patients do not go to see the doctor, but go directly to the nurse working in the injection/bandaging room.

The transportation to the clinic of seriously ill patients often causes problems. In some periods - especially during the monsoon (July - September) - when many serious cases of malaria have to be cured, the ORC con-



stantly holds both the landrover-amulance of the clinic and the landrovers of the PFLO in readiness. However, many of the patients live so isolated, that it is impossible to reach them even by landrover, and in these cases the personnel of the clinic have to go into the mountains and treat people in their caves, especially in case of births and serious cases of malaria.

Sometimes there are almost an equal number of Jemeni and Omani patients, as the Jemeni health facilities in the area are very scarce and it is the policy of the ORC not to distinguish between Jemenis and Omanis. In the same way ORC takes care that their doctors also treat the population (mainly Jemenis) in the small coastal villages between AlGheida and Hauf.

Besides treating the local population, the clinic also serves an important function being the first place to receive the sick and wounded people coming from Dhofar.

In general the clinic is still primarily equipped for ambulant treatment and emergency cases. The more complicated cases and cases requiring a long-time stay at hospital are transportet to AlGheida.

The Importance of the Health Work in the Revolution

From the very start of the revolution, the struggle to improve the health conditions of the population has been an integral part of the revolutionary struggle. This relation between health work and the revolution has continued through all phases of the struggle. And since the military setback of the revolution in 75/76, the build-up of a strong and efficient health organization, the Omani Red Crescent, has been an important element of the self reconstruction programme of the Omani revolution During the last 5 years the health work in general has been improved and consolidated by more regular medicine supplies, better trained personnel and the build-up of the ORC. Still there is a lot of work to be done and large problems remain to be solved, mainly due to the difficult living conditions; but many important goals have been achieved already: the efforts to teach the people basic health and hygiene, mother and child care etc., are bearing fruit. The general level of health has been improved and especially the cases of anemia and children mortality have been considerably reduced.

EXPERIENCES OF A HEALTH WORKER

The following interview was made by a KROAG-delegation during a visit to the border-area in December 1977.

I was born in 1952 in northern Oman. My family was poor, and I did not go to school. At that time there was almost no schools in Oman. When I was about 13 years old, my father got a job in one of the countries along the Gulf, and my whole family moved with him. While I lived there, I got in touch with the revolutionary movement. At that time many Omanis went from one state to another in the Gulf-area. In that way the revolutionary ideas were spread. After having participated in some meetings, I joined an underground organisation; I knew the oppression from by own experiences, and I was aroused by the revolutions promises of enlightenment and progress.

It was in 1970 I joined the revolutionary movement. In the beginning I went to the meetings and helped distributing leaflets and magazines. In 1971 I was sent to Hauf via Aden. There I was going to assist doctor Marwan a Syrian doctor. He worked all alone at the border because all the health assistants and everyhody who knew anything of medical treatment had gone into the liberated areas.

In May 1972 the Hauf area was exposed to a heavy air-attack. Many people were wounded and many were killed. There was nobody but doctor Marwan and I to care for them. When I arrived, he had been alone in the Hauf area for a long period, and there were many patients to be cured at that time, so he worked all day and night. But even if he had much to do he was never tired or restless, he always smiled and was always active. He also got time to teach me a lot about diseases and medicine; this was not only theoretical knowledge but practical know-how because of the many wounded. In that way I got an all-round education and instruction in elementary health care. It is impossible for any human being to express all that doctor Marwan did for the revolution. All Omanis, both children, adults and old people, always talked about him. He was a living myth.

Before I left the Gulf state to work in Hauf, the revolutionary movement had given me a very elementary in-

struction in health care: how to lay a bandage, how the different medicines work, and so on. Everybody who went to the liberated areas usually had such a basic education. After having been trained by Marwan, I knew how to sterilise, how to close open wounds, what to do in emergencies when people had broken a leg, and I knew how to dress a fracture. I also knew the causes of the most common diseases: malaria, anaemia, eye infections, etc., and what medicine to give for it. This is what I remember; I learned more, but I was not able to keep it in my mind.

In some cases I was able to assist of a birth but often I could do nothing. At that time it was not unusual that a woman died when there were difficulties with delivering because it was hard to get hold of a doctor. We got medicine from the socialist countries and the solidarity committees. From the socialist countries we ususally received large quantities of medicine, but often just of one kind. Sometimes it was medicine we could not use at all, e.g. heart medicine. The shipments from the solidarity groups were always of a big variety and the labels in a lot of different languages, and most of it we could not use. Therefore in periods we had serious shortages of medicine, and it was necessary to buy the most important medicines in Aden for the money of the Peoples Front.

I assisted doctor Marwan in Hauf for about 5 months. Then a team arrived, who had got some medical education in Aden, and I was sent into the liberated areas to work as a health-assistant. In Hauf I had also got some military training. In Dhofar everybody was armed, in case you should happen to meet the enemy - it could be a matter of life and death. During all the 3 years that I worked in the liberated areas, I was attached to a military unit. First I stayed 14 months in western Dhofar, then 2 years in Al Mummar, and then I returned to the West. I stayed there for 5 months untill November 1975. Then I went to AlGheida to get further education and training. All the time I followed my unit. In quiet periods I could move around among the people and help them and cure their diseases. In case of danger I had to return to my group. I always kept two fundamental principles in mind:
1) Stay with your unit in all military operations and
2) Survive! - the civil population needs you.

Once in al Mummar, we had been surrounded by the enemy for more than a month, and we had no medicine left. We had two wounded, and I did not know what to do. But one of the local inhabitants knew and old method: A red fluid something like rubber could be used as plaster. Then I used warm water to sterilise it, and it worked!

Once after a military confrontation in the same region, one of the comrades had got a lot of wounds all over the body. He then said to me: "You needn't have so much trouble for my sake, you cannot sew me up all over, anyway. I ask you only to help me up, so I can get a last view over the mountains." I was really affected by this, so affected that I just sewed and sewed, not knowing what I did at all. After I had mended him, he was carried to Hauf, a journey of 4 days on foot; from there he was sent to AlGheida and further on to Aden as his wounds were very serious.

The need for health work in the liberated zones was enourmous and everywhere the people were pleased when we came. Sometimes there were problems with the women, because they were shy, e.g. they would not let you give them an injection in the hind part. and I had to inject in the hand instead. Or perhaps a woman with a pain in her stomach would not show her stomach. This caused most problems, when the health assistant came from the same region as the woman; sometimes we had to get a health assistant from another region.

We had some booklets about hygiene, prevention of diseases, cleanliness, baby care etc.. They were made by a group of health assistants and doctor Marwan. From these books we made educational work among the people. Some of the most important things were to teach people how to boil their milk and drink it hot, and how to prevent iron deficiency which is one of the main causes of anemia. But usually this was very difficult. We attained Some improvements, even if it was a long process. E.g. in the case of anemia. You must understand, that there are limits to what people can learn about cleanliness, when they live in caves in the mountains; and how would you get pure water for the children when you must walk several kilometers to the well? There are also another sort of problem which is about traditions. It is still

very common that people drink from the same jug of water, even if they in fact have enough cups. This is because of the very strong traditions of hospitality.

I was very happy to stay in the liberated areas, to stay with the poor people with their endless needs. Even if the conditions were indeed very hard, the people were ready to die for the revolution, and though many fell the surviving continued to fight. We fight to liberate the people and we will go on fighting and risk our lives to liberate Oman; and no matter how much we do we always feel that it is not enough.

After the years in the liberated areas, I returned to AlGheida to learn more; first I became leader of the health assistants, then I entered the ORC-committe where I got the responsibility for the supplies to the pital and for the establishement of a clinic. Today I work in the committee which runs the hospital, and I am still the leader of the health assistants.

I do not want to marry now because marriage ties you to a single place. With my job I'm sometimes in Hauf or AlGheida, and sometimes in Aden. Many comrades who are married do not see thir wives for 2 or 3 years. Therefore I prefer to wait. It is better when the man and the woman are married and in the army together.

The material support from friendly countries and solidarity committees is of very great importance to us. It makes us feel, that we are not alone in our struggle, and that there are peoples in other parts of the world who fight and work against imperialism.

SUPPORT THE WORK OF THE OMANI RED CRESCENT

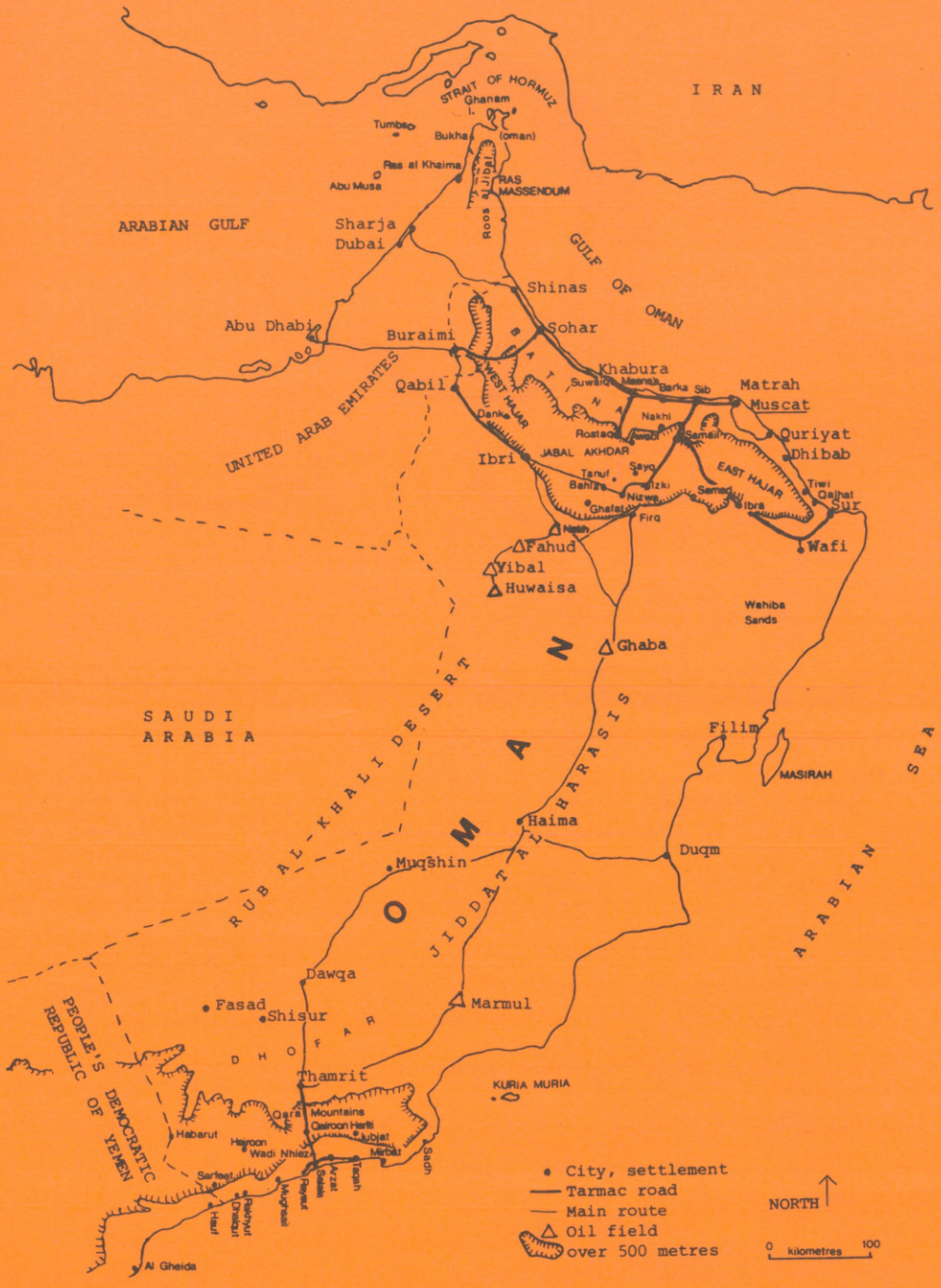
During the last 6 years the Scandinavian groups, Emmaus Sundsvall, Ulandsklunserne (Danish Emmaus) and KROAG, have gradually built up a medical project which supplies the Omani Red Crescent with a major part of their needs of medicine, bandages, laboratory reagents and equipment.

The project is coordinated by KROAG which is responsible for purchasing and shipping medical supplies for around 30.000 US $ a year. The whole project is carried out in the closest possible cooperation with the ORC, and therefore it has been possible to improve the efficiency from year to year. Today the project operates smoothly, and prices are kept low through long range planning and bulk-purchasing from suppliers all over Europe.

You can support this project by sending your contribution to "Support People of the World", Box 86, DK-1003 Copenhagen K, Denmark (By check, International Postal Money Order, or Giro - Danish giro No 7 30 33 00). The Collection "Support People of the World" is established by KROAG and all money received is used to finance solidarity shipments to the Omani people.

THE OMANI PEOPLE NEED YOUR SUPPORT

SEND YOUR CONTRIBUTION TODAY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Ghanam I.
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Sharja
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Dhalkut
Hauf
Mughsail
Ayzal
Taqah
Al Ghaida
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Main route
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NORTH
0
kilometres
100

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